

POST FALL GUIDANCE PACK FOR CARE PROVIDERS

Contributors:

Jane Reddaway, Occupational Therapist and Falls
Prevention Lead (Community Services)
Torbay and South Devon NHS Foundation Trust

James Wenman, Clinical Development Manager
South Western Ambulance Service NHS Foundation
Trust

Caroline Nicholson, Commissioning Support Officer
South Devon and Torbay CCG

Katie Sanders, Quality and Training Manager
Mears Cares

Anna Grainger, Interim Principle Social Worker
Devon County Council

Linda Churm, Consultant in Public Health
Torbay Council

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INTRODUCTION

Even when all possible steps have been taken to prevent them, a certain number of falls are inevitable. A fall is defined as an event which results in a person coming to rest inadvertently on the ground or other lower level. This guidance has been developed to support Care Providers within Devon to assist Service Users when a fall happens within their care and to encourage the appropriate use of emergency services in these circumstances. It can be used as a training tool and reference document for any Provider seeking clarification on best practice. It does not replace any pre-existing policies or guidance you may have where these are working well. Although this guidance provides a good basis for the majority of situations carers should encounter, it cannot foresee every possibility and must always be used in combination with clinical judgement (in nursing homes), common sense and in line with your duty of care.

This guidance has been developed from a variety of sources including reports from The National Patient Safety Agency and the National Institute for Health and Care Excellence. Much of the evidence base comes from the inpatient environment but has been adapted here for care homes and care agencies.

No Lift and Minimal Lift Policies

Care workers are not expected to 'lift' service users i.e. pick them up from the floor using only bodily force. In the case of non-injury falls, it may be possible to facilitate a service user off the floor using verbal cues (see useful resources) or it may be necessary to use appropriate manual handling techniques with support from additional members of staff if required and/or use a hoist or other manual handling aid.

South West Ambulance Service are not commissioned to provide a lifting service for patients who are not injured. There is an expectation that under your duty of care, appropriate manual handling techniques will be used to assist service users who have fallen and an ambulance will only be requested when there is a major injury/illness or apparent major injury/illness to the service user (please see flow chart below). If a 999 call centre operative requests a carer **lift** a service user, the expectation would be for the carer to facilitate the service user off the floor using either verbal cues or appropriate manual handling techniques as above.

Under the Health and Social Care act 2008, it is understood that there are inherent risks in carrying out care and treatment and a post fall response will not be considered unsafe if providers can demonstrate that they have taken all reasonable steps to ensure the health and safety of the person using their services and to manage risks that may arise during care and treatment.

POST FALLS GUIDANCE: CARE HOMES

RESIDENT HAS A FALL – NURSE OR MANAGER MUST MAKE AN ASSESSMENT OF INJURY PRIOR TO MOVING THE RESIDENT

NON-INJURY

- Conscious and responds as usual
- No apparent injury
- No head injury
- No complaints of pain/discomfort (verbal/nonverbal)
- Mobility unaffected – able to move limbs on command or spontaneously
- No signs of bruising/wounds
- No signs of limb deformity/shortening/rotation

Assist to a comfortable place (using equipment/verbal cues as appropriate)

Observe resident for 24 hours (inc. neuro obs in a nursing home) for pain or any changes in condition

Document all findings

MINOR INJURY

- Conscious and responds as usual
- Some bruising
- Slight skin wounds
- Slight discomfort
- Mobility unaffected – able to move limbs as usual on command or spontaneously
- No head injury
- No signs of limb deformity/shortening/rotation

Administer First Aid as required and assist to a comfortable place (using available equipment/verbal cues as appropriate)

Observe patient for 24 hours (inc. neuro obs in a nursing home) for new/increasing pain or any changes in condition

Contact GP or NHS 111 for advice and follow up as appropriate

Document all findings

MAJOR INJURY

- Loss of consciousness
- Reduced consciousness
- Signs of head injury
- Airway/breathing problems
- Haemorrhage/bleeding
- Suspected injury to a resident taking anticoagulants
- Chest pain
- Limb deformity
- Pain/Discomfort
- Swelling
- Extensive bruising
- Unable to move limbs/joints on command
- Dizziness or vomiting
- Any fall from a height above 2 metres
- Any other concerns by carer

DO NOT MOVE RESIDENT

CALL 999 FOR AMBULANCE

ADMINISTER FIRST AID AS REQUIRED

INFORM RELATIVES

DOCUMENT ACTIONS

If there are any changes in the resident's condition which cause concern, contact the GP or NHS 111 for follow up. Contact 999 in an emergency

POST FALLS GUIDANCE: CARE AGENCIES

SERVICE USER HAS A FALL – CARER MUST INFORM A SENIOR STAFF MEMBER AND ASSESS INJURY (WITH SUPPORT AS REQUIRED) PRIOR TO MOVING THE SERVICE USER*

- NON-INJURY**
- Conscious and responds as usual
 - No apparent injury
 - No head injury
 - No complaints of pain/discomfort (verbal/nonverbal)
 - Mobility unaffected – able to move limbs on command or spontaneously
 - No signs of bruising/wounds
 - No signs of limb deformity/shortening/rotation

- MINOR INJURY**
- Conscious and responds as usual
 - Some bruising
 - Slight skin wounds
 - Slight discomfort
 - Mobility unaffected – able to move limbs as usual on command or spontaneously
 - No head injury
 - No signs of limb deformity/shortening/rotation

- MAJOR INJURY**
- Loss of consciousness
 - Reduced consciousness
 - Signs of head injury
 - Airway/breathing problems
 - Haemorrhage/ Bleeding
 - Suspected injury to a service user taking anticoagulants
 - Chest pain
 - Limb deformity
 - Pain/Discomfort
 - Swelling
 - Extensive bruising
 - Unable to move limbs/joints on command
 - Dizziness or vomiting
 - Any fall from a height above 2 metres
 - Any other concerns by carer

Assist to a seated position (using available equipment/verbal cues as appropriate) – this may include a request for an additional carer via normal processes

Observe resident for 24 hours for pain or any changes in condition*

Document all findings

Administer First Aid as required and assist to a comfortable place (using available equipment/verbal cues as appropriate) – this may include a request for an additional carer via normal processes

Observe patient for 24 hours for new/increasing pain or any changes in condition*

Contact GP or NHS 111 for advice and follow up*

Document all findings

DO NOT MOVE RESIDENT

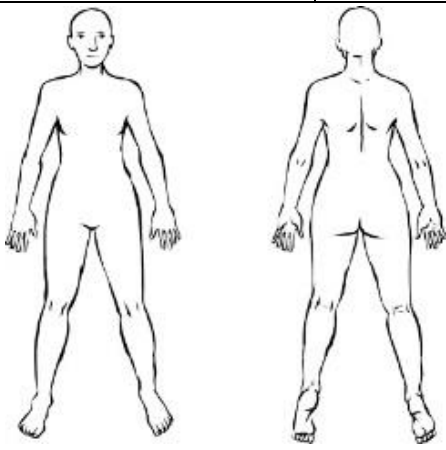
CALL 999 FOR AMBULANCE

ADMINISTER FIRST AID AS REQUIRED

INFORM RELATIVES

DOCUMENT ACTIONS

If there are any changes in the Service User’s condition which cause concern, contact the GP or NHS 111 for follow up. Contact 999 in an emergency

POST FALLS GUIDANCE RECORDING			
Name of Resident:			
Date and Time of Fall:			
Place of Residence:			
Name of person completing Guidance:		Job Title:	
Date and Time Guidance Completed:			
Assessment			
Level of consciousness	Conscious and responds as usual <input type="checkbox"/>	Less responsive than usual <input type="checkbox"/>	Unresponsive or unconscious <input type="checkbox"/>
Pain and Discomfort	No pain or discomfort <input type="checkbox"/>	Slight discomfort <input type="checkbox"/>	Pain and/or some discomfort <input type="checkbox"/>
	Site of Pain/Discomfort:		
Injury and Wounds	No apparent injury, no bruising or wounds, no signs of limb deformity, shortening or rotation <input type="checkbox"/>	Some bruising or slight skin wounds but no signs of limb deformity, shortening or rotation <input type="checkbox"/>	Haemorrhage/bleeding, limb deformity, swelling or extensive bruising <input type="checkbox"/>
	Detail:		
Movement and Mobility	Mobility unaffected, able to move limbs as usual on command or spontaneously <input type="checkbox"/>	Unable to move limbs as usual or major change in mobility <input type="checkbox"/>	
Body chart relates to physical assessment <i>Indicate location of visible injury or complaint of pain/discomfort</i>			
Further Actions (not an exhaustive list)			
<ul style="list-style-type: none"> • Inform relatives and GP (with consent) • Update falls prevention care plan and put in place any new interventions • Inform zone teams and discuss the need for a multifactorial falls assessment/interventions • Consider installation of Tele HealthCare • Document and inform all staff of fall • Consider referral to Intermediate Care Services* 			

*** ADDITIONAL NOTES FOR CARE AGENCIES**

Unwitnessed Falls: The carer (with support from senior members of staff) should use their judgement and knowledge of the service user when discovering an unwitnessed fall. For example, if a fall is discovered on the first visit of the day, there is clearly a risk that the service user has been on the floor all night. Even if the service user appears uninjured, in this situation, additional advice from GP or NHS 111 may be required. Where such advice is sought it is important to mention that the fall was unwitnessed when explaining the purpose of the call.

Response Time from GP/ NHS 111: We recognise that there may be a significant delay in getting a response from service users' GP or the NHS 111 service for advice and this may cause time pressure. We recommend that wherever possible the visit be extended and the carer should wait with the service user until they are called back however, when this is not possible, providers are advised to utilise any other support that may be available in line with provider policies.

24 Hour Observation: We recognise that observation for 24 hours post fall will often not be possible for Care Agencies to provide themselves. Providers are advised to utilise any other support with this that may be available. This could include (but is not limited to):

- Use of visits later in the day (additional visits could also be requested from the Commissioners although there is no guarantee these will be approved)
- Use of a 'Responder List', pre agreed with the service user, consisting of family and friends who have agreed to be contacted in case of a fall. Responder may visit the service user or may choose to contact them via telephone to check on wellbeing.
- Advice sought from Care Manager if there is one
- Use of tele-healthcare if installed

Communication Difficulties: Where the service user is unable to provide a reliable account of the fall and any pain they may be in, the carer (with support from senior members of staff) should use their knowledge of the service user and non-verbal signs to judge the most appropriate course of action. Even if the service user appears uninjured, in this situation, additional advice from GP or NHS 111 may be required. Where such advice is sought, it is important to mention that the service user is unable to provide a reliable account when explaining the purpose of the call. It is also important that any advice or suggested interventions given by the GP/NHS 111 are documented.

Intermediate Care Referrals: Where someone is able to or insisting on staying at home post fall and their normal functioning is impacted, an intermediate care referral may be appropriate for rehabilitation or equipment issue to reduce further risk and to allow them to remain safely at home. For Service Users registered with a South Devon or Torbay GP, please contact 01803 219700 to make a referral, for Service Users registered with a GP anywhere else in Devon, please contact 0345 155 1007 to make a referral.

USEFUL RESOURCES

- South West Ambulance Service training videos on how to assess someone who has fallen and how to help someone who has fallen can be found here as well as some very useful training checklists:

<http://www.swast.nhs.uk/falls.htm>

- Torbay and South Devon NHS Trust website provides some very useful information and training videos here:

<http://www.torbayandsouthdevon.nhs.uk/services/falls-fracture-prevention-bone-health/what-to-do-if-a-fall-occurs/>

- The Chartered Society of Physiotherapy, Saga and Public Health England have produced a 'Get Up and Go' leaflet for older people which tackles common myths about falling, how to self-assess falls risk and advice on what to do if you fall (with a pictorial guide on how to get up off the floor). The leaflet can be downloaded here:

www.csp.org.uk/publications/get-go-guide-staying-steady

- Devon County Council Falls Prevention Resource Pack

www.new.devon.gov.uk/providerengagementnetwork/tools_and_templates/support-planning-paperwork-suite/

- A form for handover from a care home to ambulance clinicians is available here:

www.swast.nhs.uk/Downloads/SWASFT%20downloads/carehomehandover_form.pdf

- For information on post falls training please contact the Horizons Centre at Torbay Hospital on 01803 656600 or training.southdevon@nhs.net

REFERENCES

Care Quality Commission (2015); Guidance for Providers on Meeting the Regulations

Devon County Council; Falls Resource Pack: Falls Prevention is my Intention;

<https://new.devon.gov.uk/providerengagementnetwork/files/2015/06/Falls-Prevention-Resource-Pack-.pdf>

Hampshire County Council Adult Services (2015); Post Falls Protocol;

<http://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/background-docs/4-Hampshire%20falls%20protocol.pdf>

National Institute for Health and Care Excellence (2013); Assessment and Prevention of Falls in Older People CG161; <https://www.nice.org.uk/guidance/cg161/evidence/falls-full-guidance-190033741>

National Institute for Health and Care Excellence (2015); Falls in Older People QS86;

<https://www.nice.org.uk/guidance/qs86/resources/falls-in-older-people-2098911933637>

National Patient Safety Agency Rapid Response Report NPSA/2011/RRR001 (2011); Essential Care after an inpatient fall and Supporting Information;

<http://www.nrls.npsa.nhs.uk/alerts/?entryid45=94033>

South Western Ambulance Service NHS Foundation Trust (2016); Falls: Initial assessment of a resident who has fallen; <http://www.swast.nhs.uk/falls.htm>

South Western Ambulance Service NHS Foundation Trust (2016); Falls: What to do after you have dealt with a fall; <http://www.swast.nhs.uk/falls.htm>

South Western Ambulance Service NHS Foundation Trust (2016); Post Falls Flow Chart;

<http://www.swast.nhs.uk/Downloads/SWASFT%20campaigns/CHFallsFlow.pdf>

Torbay and Southern Devon Health and Care NHS Trust (2015); Post Falls Flow Chart for Community Staff Action